Effective on 12/08/200-	I	Complete if Known						
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).								
FEE TRANSMITTAL			Application Number         10/521,040           Filing Date         8/16/2005				<u> </u>	
For FY 2009				8/16/2005 H.J.T. Coelingh Bennink et al.				
Applicant claims small entity status. See 37 CFR 1.27			First Named Inventor H.J.T. C  Examiner Name Mei-Pin					
				1616	Citui			
TOTAL AMOUNT OF PAYMENT (\$) 180.00					0079			
i i								
METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: The Webb Law Firm								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below  Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
FILING FEES SEARCH FEES EXAMINATION FEES								
Small F Application Type Fee (\$) Fee		mall Entity		mall Entity				
Application Type Fee (\$) Fee Utility 330 82		Fee (\$) 270	<u>Fee (\$)</u> 220	<u>Fee (\$)</u> 110		Fees P	aid (S)	
-								
<i>0</i>		50	140	70	·			
Plant 220 11	0 330	165	170	85	-			
Reissue 330 16	5 540	270	650	325				
Provisional 220 11	0 0	0	0	0				
2. EXCESS CLAIM FEES Small Entity							Small Entity	
Fee Description Fee (\$)						<u>Fee (\$)</u>		
Each claim over 20 (including Reissues) 52						26		
Each independent claim over 3 (including Reissues)  220 110								
Multiple dependent claims	too Chilese Es	- (4)	15 10 11 (ft)			390	195	
Total Claims - 20 or HP Ex	tra Claims Fee	<u>e (\$)</u> _	Fee Paid (\$)				pendent Claims	
HP = highest number of total claims paid for, if greater than 20.								
Indep. Claims -3 or HP Ex		<u>ee (\$)</u>	Fee Paid (\$)		***************************************			
HP = highest number of independent claims pa	d for, if greater than 3.	-						
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under								
37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof.  See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets		f each addit	ional 50 or frac	tion thereof	Fee (\$)	!	Fee Paid (\$)	
- 100 =	/ 50 =	(round	up to a whole num	ber) x				
4. OTHER FEE(S)  Fees Paid (S)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): Supplemental Information Disclosure Statement							180	
SUBMITTED BY / /								
Signature Registration No. (Attorney/Agent) 22,132 Telephone 412-471-8815								
Name (Print/Type) William H. Logsdon Date October 22, 2009								